

County of Los Angeles – Department of Mental Health  
Service Area 3

Quality Improvement Committee Meeting

January 15, 2014

9:30 am – 11:30 pm

**AGENDA**

- |     |                                    |                        |
|-----|------------------------------------|------------------------|
| I   | Welcome and Introductions          | Bertrand Levesque      |
| II  | Review of the Minutes              | Bertrand Levesque      |
| III | Tri-City QI/QA Process             | Natalie Majors-Stewart |
| III | Presentation –Patient Right Office | Martin Hernandez       |

**Quality Improvement**

- |     |                        |                   |
|-----|------------------------|-------------------|
| I   | Medical Parameters     | Bertrand Levesque |
| II  | Cultural Competency    | Gassia Ekizian    |
| III | Countywide QIC meeting | Bertrand Levesque |
| IV  | Change of Provider     | Bertrand Levesque |
| V   | Access Response        | Gassia Ekizian    |
| VI  | Policy Updates         | Gassia Ekizian    |
| VII | LGBT issues            | Mary Crosby       |

**Quality Assurance Liaison Meeting**

- |      |  |                   |
|------|--|-------------------|
| I    | Documentation Training                 | Gassia Ekizian    |
| II   | IBHIS                                  | Bertrand Levesque |
| III  | State Updates – DSM 5                  | Gassia Ekizian    |
|      | LPCC                                   | Bertrand Levesque |
|      | Audit by DHCS                          | Gassia Ekizian    |
| IV   | Authorized Registered Nurse Training   | Bertrand Levesque |
| V    | Policy 104.09                          | Bertrand Levesque |
| VI   | Training – Day Treatment & Rehab.      | Bertrand Levesque |
| VII  | Organization Manuel Updated            | Bertrand Levesque |
| VIII | Clinical Record Bulletin – Assmt,CTP.. | Bertrand Levesqu  |

**Other Issues**

- |     |                        |                   |
|-----|------------------------|-------------------|
| I   | Audits- EQRO and ..... | Gassia Ekizian    |
| II  | Announcements          | All               |
| III | Adjournment            | Bertrand Levesque |

**Next Meeting: February 19, 2014 at Enki, 3208 Rosemead Blvd  
2<sup>nd</sup> Floor, El Monte, Ca**

**COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH**  
**Service Area 3**  
**Quality Improvement Committee Meeting**  
**January 15, 2014**

<i>Misty Arnoff</i>	<i>Alma</i>	<i>Beth Foster</i>	<i>Hillsides</i>
<i>Judy Law</i>	<i>Alma</i>	<i>Kevin Minor</i>	<i>Homes for Life</i>
<i>Gloria Santos</i>	<i>Almansor MH</i>	<i>Poonam Natha</i>	<i>Leroy Haynes Center</i>
<i>Makan Emadi</i>	<i>Arcadia MH</i>	<i>Marisa Duran</i>	<i>Leroy Haynes Center</i>
<i>Sharon Scott</i>	<i>Arcadia MH</i>	<i>Maelisa Hall</i>	<i>Maryvale</i>
<i>Fernando Reyes</i>	<i>Bienvenidos</i>	<i>Karla Martinez</i>	<i>Maryvale</i>
<i>Mark Rodriguez</i>	<i>Bridges Inc</i>	<i>Gabriela Rhodes</i>	<i>McKinley</i>
<i>Leslie Shrager</i>	<i>Children's Bureau</i>	<i>Vivian Chung</i>	<i>Pacific Clinics</i>
<i>Julie Soler</i>	<i>Children's Bureau</i>	<i>D. Chavez</i>	<i>Prototypes I-CAN</i>
<i>Paula Randle</i>	<i>David &amp; Margaret</i>	<i>Claudia Williams</i>	<i>Prototypes I-CAN</i>
<i>Greg Tchakmakjian</i>	<i>DMH</i>	<i>Jennifer Lomas</i>	<i>PUSD</i>
<i>Bertrand Levesque</i>	<i>DMH</i>	<i>Rosalee Velasco</i>	<i>Rosemary</i>
<i>Elizabeth Townsend</i>	<i>DMH</i>	<i>Tracy Alvarez</i>	<i>Rosemary</i>
<i>Mary Crosby</i>	<i>DMH</i>	<i>Rebecca deKeyser</i>	<i>San Gab. Children's</i>
<i>Martin Hernandez</i>	<i>DMH</i>	<i>Viola Bernal</i>	<i>Social Model</i>
<i>Linh Hua</i>	<i>D'Veal</i>	<i>Nely Meza-Andrade</i>	<i>SPIRITT</i>
<i>Michelle Hernandez</i>	<i>ENKI</i>	<i>Anna Milholland</i>	<i>The Family Center</i>
<i>Windy Luna-Perez</i>	<i>Etti Lee</i>	<i>Stephanie Schneider</i>	<i>The Family Center</i>
<i>Cammie Jones</i>	<i>Five Acres</i>	<i>Joe Bologna</i>	<i>Trinity</i>
<i>Gassia Ekizian</i>	<i>Foothill Family</i>	<i>Jason Herrera</i>	<i>Trinity</i>
<i>Kameelah Wilkerson</i>	<i>Hathaway</i>	<i>Natalie Majors</i>	<i>Tri-City MH</i>
<i>Anisha Patel</i>	<i>Heritage Clinic</i>		

## **WELCOME**

Bertrand Levesque welcomed the group, followed by self-introductions.

## **REVIEW OF THE MINUTES**

The minutes were reviewed and accepted by Mary Crosby, and seconded by Rebecca de Keyser, with one correction-date of next meeting: January 15, 2014.

## **TRI CITY QI/QA PROCESS**

In order to obtain a comprehensive examination of the records, there are several different types of chart review formats that are performed (see below):

Review Type	Frequency	Sample Type	Reviewer(s)
Compliance "Lock Out" Review	1x per month	Specific	QA Team
Strategic QA Review	1x per month	Strategic	QA Team
Standard QA Review	2x per month	Stratified	QA Team
Formal QA Review	1x per quarter	Cluster	QA Team
QIC/QAC Team Review	1x per month	Cluster	Multidisciplinary
Chart Café	1-3x per month	Specific	Service Providers

### Review Tracking/Feedback Structure

- Review tools are assigned a unique tracking number, and are closely monitored by QA.
- Clinical Liaisons work closely with the QA team to help monitor the review process, and to provide feedback to staff regarding their individual documentation patterns, trends, and training needs.
- Quality Assurance regularly reports to management, the status of chart reviews, information regarding review trends, and needs for training.

### Training/Meetings

Type	Purpose	Frequency
New Employee Doc.	Required by all new service providers. Must score 70% on exam to be released.	Weekly (for 12 Weeks)
Staff In-Services	Required by all service providers, and other program staff affiliated with clinical services. Critical Information is disseminated and Training is provided.	As Needed
Blitz – QA Bulletin	Vital new information and updates reviewed.	Quarterly
Manager/Supervisor Meetings	New information disseminated; updates reviewed and discussed; Chart trends examined, with plans to address issues.	Weekly
Lead Psychiatrist Meeting	New information reviewed; best practice parameters reviewed and discussed; Chart trends examined, with plans to address issues.	Weekly
Electronic Health Record Training	Hands-on training provided to learn navigation and documentation using EHR.	Monthly

### Staff Motivation/Morale

- Building Strong Interdepartmental Relationships.
- Verbal Praise and Recognition.
- Staff members have an annual evaluation where a merit increase is possible.
- Weekly Spot Award w/Gift Cards, Quarterly Employee Recognition Awards.
- Celebration Potluck and Banquets to Commemorate Achievements.
- Recognitions provided for years of service with the agency.

### **PRESENTATION: PATIENTS RIGHTS – Martin Hernandez**

Mandated Resource Materials: Consumers must be provided with the Guide to Medi-Cal Mental Health Services and a Provider List. These resources must be offered (and provided if accepted) upon starting services for Medi-Cal consumers only. These resources must also be provided upon request by consumers. When these resources are offered or provided, it must be documented on a “Beneficiary Acknowledgement of Receipt Form”. Please see Handout for more details.

Notice of Action: Notice of Action A form is required when, during the assessment process, it is determined that a Medi-Cal beneficiary DOES NOT meet Medical Necessity.

Notice of Action E form is required when , during the assessment process, it is determined that a medi-cal beneficiary DOES meet Medical Necessity, but an appointment for services cannot be provided to a beneficiary within 30 calendar days:

- 4.2.3 Appointments following discharge from an acute inpatient facility or other defined setting, such as a Juvenile Hall, shall be made with the appropriate level of staff within seven (7) days of discharge if the request was made by the discharge date or within one month following the discharge date.

Service Providers need to complete and sign these forms. The original copy of these forms should be given or mailed to the consumer, and the service provider should make a copy for the agency (do not file in chart). A copy of the form should also be faxed to the Patients' Rights office -Fax Number: (213) 365-2481.

Please contact Mr. Martin Hernandez for further questions. Please see handout for more details.

## QUALITY IMPROVEMENT

**Medical Parameters:** It is imperative that agencies are ensuring that their Psychiatrists are abiding by DMH practice parameters.

**Cultural Competency:** The Cultural Competency Committee met on January 8, 2014. The committee had re-elections and selected two new Co-Chairs. Also, the committee will be launching the LGBTQ subcommittee starting in February. Cultural Competency Meetings are held every 2nd Wednesday of the month, 10<sup>th</sup> Floor. Contact: Sandra Chang-Ptasinski (schang@dmh.lacounty.gov • (213) 251-6851). The next meeting is Feb 12, from 1-3:30

**Countywide QIC Meeting for Children:** This countywide meeting addresses focused QI/QA issues pertinent to the children's system of care. This meeting does not replace SA3 QIC, but your participation is encouraged. Meetings are held every 3 months, and the next meeting is February 20, 2014 at 10:00 am. Location: 600 commonwealth, 2<sup>nd</sup> floor conference room.

**Change of Provider:** The district chief has been informed that some providers are not complying with the policy. Please remember that this is a requirement of the State. All change of provider logs must be submitted by the 10<sup>th</sup> of every month. DMH will be contacting agencies that are not complying with this. See handout for more details.

**Access Response:** The responses for the Access Survey have been received. Survey Feedback: It is critical that agencies respond to access referrals within 24 hours. If you have not yet submitted a survey, it is not too late, please send your surveys to Mary Crosby.

**Policy Updates:** Please review the Policy Updates Handout- Handout was disseminated, which listed policies updated as of January 2013

**LGBTQ Issues:** The cultural competency committee is looking for representatives for the new subcommittee aimed reducing disparities. Please contact Sandra Chang-Ptasinski (213) 251-6851 schang@dmh.lacounty.gov if you are interested in participating on the subcommittee.

Service area 3 needs to ensure that we are increasing access to services for the LGBTQ population. This will continue to be a topic of discussion in our meetings.

## QUALITY ASSURANCE

### **Documentation Training:**

Basic Documentation Training	January 16, 2014
RN Assessment Training (Directly Operated Only)	January 24,27,28, 2014
Day Treatment and Day Rehab Training	February 19, 2014

**IBHIS:** The first phase will "go live" on 1.27.2014. There will be 490 procedure code combinations with the new modifiers. Codes and Modifiers will need to be displayed on the progress notes.

### **State Updates:**

*DSM 5* – Until further notification is given, we will continue to use current DSMIV/ICD9 coding for diagnosis. See handout for more details

*LPCC* – See Handout for compiled information on licensure requirements, scopes of practice, and Professional Counts for LPCC, MFT, LCSW. LACDMH position has not changed on the hiring of LPCC.

*Audit by DHCS* – The County and State has had monthly meetings regarding audit results. The state wide results summary for fiscal year 2012-2013 includes:

Six counties were reviewed: Inpatient, Outpatient, Day Treatment Intensive, and Day Rehabilitation. There were significant findings across all service types, particularly with Day Treatment and Day Rehabilitation.

**Authorized Registered Nurse Training:** All RN and NP must receive the training offered by DMH to be able to conduct a Diagnostic Assessment.

**Training – Day Treatment and Rehab:** See Documentation Training Dates Above

**Policy 104.9:** There will be many changes that coincide with the release of the updated policy 104.9. The policy update will be issued very soon.

**Organization Manual Updated:** There will be updates to the Organizational Manual. The first segment of updates were applied to chapters 1 and 2. These updates will be released soon.

**Clinical Records Bulletin:** A bulletin containing updates will also be released very soon. A brief overview of changes are:

- New: Tri annual assessment will be required every three years
- New: Re-Assessment Form
- New: The CCCP (Client Care Coordination Plan) name will change to Client Treatment Plan.
- Modification: The Coordination Plan and Annual Assessment will be discontinued.

## **OTHER ISSUES**

### **Audits:**

- EQRO Audit - Service Area 1 and 3 were selected for the EQRO audit. More updates will follow.
- MR Grant Audit Financial Audit - Fiscal year 2009/2010 will be reviewed; Agencies notified
- Auditor Controller – D'Veal Family and Youth Services

**Announcements:** None

**Adjournment:** Meeting was adjourned at 11:20am

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**Minutes recorded by:** Natalie Majors-Stewart, Tri-City Mental Health

**Minutes approved by:** Bertrand Levesque, Gassia Ekizian,  
Quality Improvement Committee

**Next Meeting:** The next meeting will be February 19, 2014 (9:30 a.m. – 11:30 a.m.) at ENKI, 3208 Rosemead Blvd., 2<sup>nd</sup> Floor, El Monte, CA 91731.